2065 CERTIFICATE OF DEATH

CATE OF DEATH (12055)

1. PLACE OF DEAT o. COUNTY HOWE:			MARY	LAND	2. USUAL RESIDE o. STATE Marvl		ere deceased	b. COUNTY	ion: Reside		ore admiss	sion)
b. CITY OR TOVE RURAL and a Marriott	WN (If autside corporate limite neores) lown) SVIIIe	ils, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TO			ate limits, write I	RURAL and	give ne	arest tow	n)
d. NAME OF H	OSPITAL (If not in hospital.		oddress)		/ d. STREET ADD		lle Ro	ad			o. IS RES	FARM?
3. NAME OF DECEASED (Type or print)		rsi REDER	Middle TCK BOON	E	Last		4. DATE OF DEATH	Feb.	23,19	58	-,	Yeor 19
s. Sex Male	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		IED 🖾 NEVER MARRIE	ED 🔲	8. DATE OF BIRTH 5-21-1878		1	7. AGE (In years lost birthdey) 79 yrs.	IF UNDE Months	RIYEAR		ER 24 HRS. Min.
Retiand 13. FATHER'S NAM	E	1)	kind of Business o	R INDU	Ralti 14 MOTHER'S M	MOTE	, Md		12. C	ITIZEN C	OF WHAT	COUNTRY
	1 Adam Boone DEVER IN U. S. ARMED FOI	rervice)	social security No. 3-20-4892		Just NFORMANT 's.Sarah 1				ille,	Md		
Conditions, gove rise couse (a), slo lying couse	if ony, which to immediate ating the under	ar	erdiac trioseb		Text CV				VEN IN PA	P	Ora	me
20c. TIME OF II	10	or 20d. In	Not while	20e. PL/	D. (Enter noture of i	me, form,	20f. (City (			(Caunty)	YES [	(Store)
21. I certificative on	y that I attended the	195	and that	death	, 1954, occurred ot , m.b. []	9 A Leot		the causes of city or town.	and an	the do	ite state	ATE SIGNED
220. SURIAL, CREM REMOVAL (SP BUTIAL	(ATION, 226. DATE THERECO	)F	22c. NAME OF CEME St. John				F	ON (City, town,	City	r 21d	(Stol	•)
F.C. Higin	bothom, Ellic	ott C	ADDRESS itv.Md			_	8Y REGISTR	AR 245 REGI	STRAR'S S	CHATO	RE	

uneral director, old be filed with may be reasonable to the hospital or ottending physicion.

O FUNERA DIRE

R: After this certificate has been signed by the ottending physician and completely filled in any page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 si the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO FUNERA

VS A15 (4) 15M 9/55

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 ho

er deoth. Page I

CERTIFICATE OF DEATH BUREAU V. S. FEB 28 1958 DECEIVE

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BOR ST	ATE
HEALTH	DEPT.
	-

or files. of Health, ssary, please H

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40 TO DEPUTY

Lat EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay execute it is, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the fund a shauld be fair. Jed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State B or its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death.

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VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 -MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	02056	-
Po. 1		

1 2000	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY HOWard MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY HOWard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fower)	
Ellicott City	X Ellicott City
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Rt. 2 Vineyard Road	Rt, 2 Vineyard Road YES NO N
3. NAME OF PICE ASED (Type or print) ALBERT EDWARD FOUNTAIN	4. DATE Month Day Year DEATH Feb. 17, 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	
Male White WIDOWED DIVORCED	2-10-1904 54 yrs. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Millwright  Construction	JSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY  Vermont
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Laure FOUNTAIN	VNKNONN
	INFORMANT Address
[Yes, no, or unknown] [If yes, give wer or dates of service] 215-03-4323 A1	nita A. Fountain, Ellicott City, Md
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY OCC.]  14201  DUE TO	interval between onser and death instant
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. (b]	
ZATE CATE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0)  19. WAS AUTOPSY PERFORMED? YES \( \text{\text{YES}} \) NO \( \text{\titte{\text{\texict{\text{\text{\text{\text{\texitex{\text{\text{\text{\tex{\texi\text{\texi\texi{\text{\texi\text{\text{\text{\texictex{\te
	(Enter nature of injury in Part I or Part II of item 18.)
	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that I took charge of the remains described ob	pave, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔼 and in my
apinion death resulted fram: Natural causes . Accident	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S NAME (Type) Donald F. Fisher M.D.	ASSISTANT MEDICAL EXAMINER (1)  DEPUTY MEDICAL EXAMINER (2)  2-18-58
220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 2-24-58 COLL SHEP ADDRESS	INTERD ELLICOTT CITY Med
I. (HIGINBOTHOM, ELLICOTT CIT	y 190 love 21 58 Ale Color

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VS A15 (4) 15M 9/55

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MARY	LAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
1	200	7 .	CENTIFIC A TE	OF	DEATH	

4:01 CERTIFICATE OF DEATH

02057 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Howard	MARYLA	O STATE	here deceased lived. If institution b. COUNTY	On: Residence before admission)			
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Ellicott City	write c. LENGTH OF STAY IN		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore				
d. NAME OF HOSPITAL (If not in hospitol, give OR INSTITUTION TAYLOR Mano:		d. STREET ADDRESS 3803 Cran	ston Ave.	IS RESIDENCE     ON A FARM?     YES    NO			
3. NAME OF First DECEASED (Type or print) LOUI.	Middle M.	Graziano	4. DATE Mon OF DEATH FEBR	th Day Yeor			
Famala lillasta	MARRIED NEVER MARRIED  IDOWED DIVORCED	39 10/ 100	9. AGE (In years loy birthday) .05 yrs.	Months Days Hours Min.			
100. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired) HOUSEWIIE	e 10b. KIND OF BUSINESS OR	INDUSTRY 11, BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Santo Scallio		Maria Bal	samo				
15. WAS DECEASEDEVER IN U. S. ARMED FORCES (Yes. no. or unknown)  (If yes, give wor or dates of service)		Mr. Antonio	Graziano - 3803	Cranston Ave.			
18. CAUSE OF DEATH (Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	perpline for (0), (b), and (c).]	al failure	9	INTERVAL BETWEEN ONSET AND DEATH O days			
Cenditions, if ony, which gove rise to immediate couse (a), storing the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDIT	Arlenio s clo		ralized	3 YHS,			
E Chionic brain Syndroms	E psy chosis; fe	1 / -da /20 /	us bovel refection	1 fox PERFORMED?			
20c. TIME OF INJURY Month, Doy, Year Hour o. m.	20d. INJURY OCCURRED 20 While Not white of work 1	De. PLACE OF INJURY IHame, for foctory, street, office bldg., ele	m. 20f. (City or town)	(County) (Stole)			
21. I certify that I attended the dealive on Febr. I		eath occurred at 1:15	AM, from the causes of ADORESS (Street, city or town, lanor Hospita	la. 1 . 1 10h			
270. BURIAL, CREMATION, 27b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETE	ERY OR CREMATORY	22d. LOCATION (City, town, o	or county) (State)			
23. EUNERAL DIRECTOR'S SIGNATURE	ALORESS			STRAR'S SIGNATURE			

MARYLAND STATE DIPARTMENT OF REALTH-BALTIMONE, 12

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CANCEL AND STREET

BUREAU K. E.

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1 PLACE OF DEATH o. COUNTY Maryland b. COUNTY files. Heolth, Howard MARYLAND Howard b. CITY OR TOWN III pulside corporale limits, write PURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) \* and give regrest town) Woodbine Woodbine . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO TO Stofe death. e fune NAME OF Middle 4. DATE First Month Lost DECEASED 24 58 (Type or print) HATNES DEATH February MELVIN 19 6. COLOR OR RACE T. MARRIED TENEVER MARRIED TI B. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF LINDER 24 HRS. with and birthdayl THOY Months Hours WIDOWED T DIVORCED [ Male White 6-16-1907 10.01 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even it retired) 12. CITIZEN OF WHAT COUNTRY? Page U.S.A. Carpenter General Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME T. Haines Amanda J. Jenkins Levi 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Iff yes, give you at dotes of service) Mrs. Dorothy L. Haines. no Same INTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: Barbiturate Poisoning. IMMEDIATE CAUSE (a) 1 Acute Alcoholism. Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Ingested barbiturates while drinking. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or lown) 20c. TIME OF INJURY Month, Dov. Year (County) (State) factory, street, affice bldg., etc.) Not while Md. al wark al work Woodbine Howard Home 21. I certify that took charge of the remains described above, held on Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Natural couses . Accident . Suicide . Homicide . Undetermined monner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S FUNER NAME (Type) Paul F. Guerin. M.D. DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY-OF CREMATORY 220. BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lawn, or county) (Stote) REMOVAL (Specify) Winfield Churvh Of God Md. 70 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Winfield, Md. VS. A15ME M. Waltz. DATE 5M 2/57

. Brooks - Carl . According are out only Ant Cont | Man 840m OF VERDERO

CERTIFICATE OF DEATH

02059

201				Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  HOWARd	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	b. COUNTY	on: Residence before admission) Ward
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Ellicott City	c. LENGTH OF STAY IN 15	Ellicot	utside carporote limits, write R	URAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street of institution High Ridge Road	ddress)	/ d. STREET ADDRESS High Ridge		IS RESIDENCE     ON A FARM?     YES    NO
3. NAME OF First DECEASED (Type or print) ALFRED PRESTON	Middle HAROLD	Lost	4. DATE More Of DEATH Feb. 2'	7,1958 19
5. SEX   6. COLOR OR RACE   7. MARRI Male   White   WIDOWE		B. DATE OF BIRTH  11-30-1371	9. AGE (In years lost birthday) 86 yrs.	Hanths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane) during most of warking life, even if retired) Retired B	kind of Business OR INDU	STRY 11. BIRTHPLACE (Stote Crabbotton		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME James Harold		14. MOTHER'S MAIDEN N	known	
		NFORMANT	Add	
1B. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	e for (0), (b), and (c).] explicit is	arcular Con	lapse	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under tying couse lost.  (c)	terior Cleroty	Carslev-vas	wan direa	se 20 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS C  200. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal diséase condition giv	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enler nature of injury in f	Port I ar Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while for	ACE OF INJURY (Hame, form, clary, street, office bldg., etc.		(County) (State)
21. I certify that I attended the decease alive an 19 Signature formum of the signature of	and the same of th			that I last saw the decease and an the date stated above state)  Output  Outpu
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY O		22d. LOCATION (City, town,	or county) (State)
Burial 3-3-58  23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ADDRESS	240. REC'I		STRAR'S SIGNATURE
Ti / 172	A 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATESTAN	D 30 11/1/2	a Arrest

uneral director, Id beritted with ofter death: Page 4 DEUNER RICHARY REPORT After this certificate has been signed by the attending physician and campletely filled in page 3 should be seleached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours the haspital ar attending physician. TO HOSPITAL may be red VS A15 (4) 15M 9/55

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# nerol director. er death. Page 4 TO FUNERAL FLU After this certificate has been signed by the ottending physician and completely filled in the page 3 should be defoched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 state registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

TO HOSPITAL

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2070

**CERTIFICATE OF DEATH** 

	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY  MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write BEFAL and give pagrest town)	c. CITY OP-TOWN (If outside corporate lymits write RURAL and give nearest fown)
B: NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM? YES X NO
3. NAME OF DECEASED (Type or print) (1) / / / / / / / / / / / / / / / / / / /	ADISON DEATH FUNCTION 19 1958
5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED TO DIVORCED TO	B DATE OF BIRTH  9 AGE (In years   IF UNDER 1 YEAR OF UNDER 24 HRS   Months   Days   Haurs   Min
10a USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IND during proof of working life, even of retired)	
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
Samuel Cook	Harrill - ',
18. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	With Madison - Continuelle, mel.
18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (a) Carolise Great	arteroscherche hent duese,
420.0 DUE TO	1957
Conditions, if any, which (b) Congress (also gove rise to immediate)	W) Orlevorelesses generalized, to
couse (o), stating the under- lying couse lost.	197-658
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES  NO
(IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part I or Port I! of item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d INJURY OCCURRED 20e. F While Not while of work of work	PLACE OF INJURY (Home, farm, 20f (City or town) (County) (State) octory, street, affice bldg., etc.)
21. I certify that I attended the deceased from	7, 19, ta 19 tal 1956, that I last saw the deceased
alive on 19 + 1, 19 8, and that deat	th accurred at 9 H.M. fram the causes and an the date stated above
SIGNATURE HAVENLE Hall	ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 4 Regulary Mad 197-858
PHYSICIAN'S HOWAYD E. HALL	SYKESVILLE MD.
220 BURIAL, CREMATON, 226 DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Spec by) 2-22-58 Bushy	OR CREMATORY 22d LOCATION (City town, or county) (State)
23. FUNDERAL DIRECTOR'S SIGNATURE  THE HALL SHOW ADDRESS.	240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE DATECTOR 2 4 '58
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VS A1S (4) 15M 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

 $2^{\alpha}71$  CERTIFICATE OF DEATH

Reg. Dist. No.

Howard	MARYLAND		yland b. cour		erote domission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fulton	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Fulton					
d. NAME OF HOSPITAL (If not in hospital, give street Simon Rest Home	oddress)	, d. STREET ADDRESS			e 15 RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print) EUGENE W. MERE	Middle RYMAN	Lost	4. DATE OF FEBRU		Day Year 1,195%		
5. SEX   6. COLOR OR RACE   7. MAR   White   Widow	RIED NEVER MARRIED DIVORCED DIVORCED	Sept. 27-1	.880 9. AGE (In yes		AR IF UNDER 24 HRS. 3 Hours Min.		
106. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	Virginia			OF WHAT COUNTRY?		
montague Merryman		14. MOTHER'S MAIDEN	E. Gatewood	od			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		Louis M "er		ton, Ma.			
18. CAUSE OF DEATH {Enter only one cause per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	ne for (o). (b). and (c).] cute cardiac	failure			NTERVAL BETWEEN NSET AND DEATH O hours		
gave rise to immediate case (a), stating the under-	rteriosclero	tic heart	lisease		6 months		
Iying couse last.   (c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	SINAL DISEASE CONDITION	GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO		
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 18.)				
Hour a.m. While		ACE OF INJURY (Home, for clary, street, office bldg., et	m. 20f. (City or town)	(Coun	ly) (State)		
21. I certify that I attended the decea		, 19 <u>58,</u> 10			saw the deceased		
	$58_{}$ , and that death		ADDRESS (Street, city or lov	wn, slole)	date stated above. DATE SIGNED		
SIGNATURE Charles S. IN	water,	M.D. Clarks	sville, Mar	yland	2-7-58		
PHYSICIAN'S Charles S.	Whitaker, M.	D.					
BEHATAL Specify) 2-10-58	Cedar Hill		Suitland	n, or county) Md e	(State)		
23. PUNERAL DIRECTOR'S SIGNATURE	300 Hote	St. N.E. DATE F	4 0 :-0	EGISTRAR'S SIGNAL	TURE		

BUREAU V. S.

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TO FUNER

page 3 should

VS A15 (4) 15M 9/55

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2972 **CERTIFICATE OF DEATH** 

02062 Reg. Dist. No.

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
_	MARYLAND MARYLAND	o. STATE MA b. COUNTY Found
	b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearpstytown)  Continued  Contin	c. CITY OR TOWN (If autside corporate limits write RURAL and give nearest town)
	W. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \text{NO} \)
3.	NAME OF DECEASED (Type or print) NARTHA ELLEN	MITCHE // 4. DATE OF Month Day Year PLANT 19458
L	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  10st birthday)  Months Days Haurs Min.
104	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDE during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
13.	Heorge Randall	14. MOTHER'S MÁIDEN NAME
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	informant Address Address M. 45,
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ST, Artemoscleritic HearT INTERVAL RETWEEN ONSET AND DEATH
	Conditions, if ony, which ) DISCHIE, Hyper	TENSION, CONGESTIVE Jan 58
l	gave rise to immediate	e-Dinbetes. 97el58
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	200. ACCIDENT WAS UNDERLYING   CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part It of item 18.)
MEDICAL	20c. TIME OF INJURY Manih. Day, Year 20d. INJURY OCCURRED 20e. Pl Hour a. m. 19 While Not while of wark at wark	LACE OF INJURY (Hame, form, 20f. (City or town) (Caunty) (State) actory, street, office bidg., etc.)
	21. I certify that I attended the deceased fram.	1958, to Feb 1958 that I last saw the deceose
	alive an 7 744 , 1958 , and that death	h occurred at 6:30P M, from the causes and an the date stated above
	ACTUAL STRUVERS & Hell Hell	ADDRESS (Street, city or town, state)  SYRESVIIIE, MD 974653
	PHYSICIAN'S HOWAYD E. HALL	
220	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTROL (Specify) 2-13-58 Bushy	Park, (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS CONTROL	LE THE 240. RECIDENT REGISTRAR'S SIGNATURE DATE

CERTIFICATE OF DEATH

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BUREAU V. E.

8361 81 831

BECENARIO

## uneral director, ould be filed with er death. Page O FUNER: TRE R: After this certificate han been signed by the attending physician and campletely filled is compaged 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within,72 haurs after death. TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h the hospital or attending physician.

TO HOSPITAL TO FUNER A S

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2073 **CERTIFICATE OF DEATH** 

Rea. Dist. No.

1. PLACE OF DEATH O. COUNTY HOWARD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL ord give recorst town)  50%,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME-OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO
3. NAME OF DECEASED (Type or print) HOWAYD WAY FIELD	SCOTT 4. DATE OF Month Day Year OF DEATH Fellmany 17 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  9. AGE (In years IFAINDER I YEAR IF UNDER 24 HRS.  10st birthdoy)  8. The control of the cont
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during float of working life, even if relired)  Bank	STRY 11. BIRTHPLACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  ? — Jenkins
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. H  (Yes. no. or upknown)  (If yes, give wor or dates of service)	Mrs Claudine Heatt . Syfemille, 24
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Cerebral He	emorrhage Interval Between obset and Geath
gove rise to Immediate  Coffee (a), stating the under	erotic Cardio-vascular Disease 20 yrs
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU Hour o. m. White Not white of work at work	ACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stote) clory, street, office bldg., etc.)
ACTUAL SIGNATURE JAS JANON	occurred at 11:00 RM, from the causes and on the date stated above.  ADDRESS (Street, city or town, store)  DATE SIGNED  M.D. Liberty Road at Eldersburg 2.19.58
PHYSICIAN'S WIR. H. LAWSON, Jr., M.D.  220. BURIAL, CREMATION, 226. DATE THEREOF 226. NAME OF CEMETERY OF	
23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS	240. REC'D BY REGISTRAN 246, REGISTRAN'S SIGNATURE
Norther H. Thught - Stylion	elle, My DATE FEB 2 4 '58 ( letteruch

CERTIFICATE OF DEATH.

Direct married

BUREAU V. E.

FEB S4 1958 .

BECENAED